

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF MIGUEL MARQUEZ VALDIVIA	COURT CASE NUMBER 2:22-CV-01643-KJM-DB	FILED
DEFENDANT	TYPE OF PROCESS personal	Apr 7, 2023 CLERK, U.S. DISTRICT COURT EASTERN DISTRICT OF CALIFORNIA

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Dr. Gary Leeds
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 651 I St, Sacramento, CA 95814

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	USMS SACRAMENTO RCD NOV 17 2022 AM 11:27
MIGUEL MARQUEZ VALDIVIA 207 Rio Mesa Way 2 Galt, CA 96632	Number of parties to be served in this case	3
	Check for service on U.S.A.	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

FoldFold

Dr. Leeds is believed to be currently working at the Sacramento County Jail, which is the address provided above.

Signature of Attorney other Originator requesting service on behalf of: <i>Miguel Marquez Valdivia</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	917-444-3814	11/11/22

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin No. 97	District to Serve No. 97	Signature of Authorized USMS Deputy or Clerk <i>Zur</i>	Date 12/11/22
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 4/7/23	Time 01:30	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>		

Service Fee	Total Mileage Charges including endeavors \$18	Forwarding Fee \$18	Total Charges \$0.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:
*12/11/22 - MAILED WAIVER 4/6/23 - CERTIFICATE/PROOF OF THE -
Court Docket, Defendants responded, Court Case HAS proceeded.*

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

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PLAINTIFF MIGUEL MARQUEZ VALDIVIA	COURT CASE NUMBER 2:22-CV-01643-KJM-DB
DEFENDANT	TYPE OF PROCESS personal

SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
COUNTY OF SACRAMENTO
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 Office of the City Clerk 915 I Street 5th Floor Sacramento, CA 95814

USMS SACRAMENTO RCVD
NOV 17 2022 AM 11:29

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
MIGUEL MARQUEZ VALDIVIA 207 Rio Mesa Way 2 Galt, CA 96632	Number of parties to be served in this case
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):FoldFold

Signature of Attorney other Originator requesting service on behalf of: <i>Miguel Marquez Valdivia</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	917-444-3814	11/11/22

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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 3	District of Origin No. 97	District to Serve No. 97	Signature of Authorized USMS Deputy or Clerk	Date 12/9/22
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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 4/7/23 Time 01:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee \$ 8	Total Charges \$ 8	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: 12/9/22-MALCO w/alter 4/6/23 - CERTIFICATE/PFOOF ON DOCT 00CNet,

Defendants responded, Court Case has proceeded

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PLAINTIFF MIGUEL MARQUEZ VALDIVIA	COURT CASE NUMBER 2:22-CV-01643-KJM-DB
DEFENDANT	TYPE OF PROCESS personal

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Dr. Grant Nugent
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
2920 Pepperglass Way, Elk Grove, CA 95757

USMS SACRAMENTO RCVD
NOV 17 2022 AM 11:26

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285
MIGUEL MARQUEZ VALDIVIA 207 Rio Mesa Way 2 Galt, CA 96632	Number of parties to be served in this case
	3
	Check for service on U.S.A.
	X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):FoldFold

Dr. Nugent is believed to be retired.

Signature of Attorney other Originator requesting service on behalf of: <i>Miguel Marquez Valdivia</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	917-444-3814	11/11/22

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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date 4/7/23	Time 01:30	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee \$8	Total Charges \$ 8	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

*12/9/22 - MAILED WAIVER
4/6/23 - CERTIFICATE/PROOF ON THE DOCKET, DEFENDANTS RESPONDED*

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